

# FINANCIAL STATUS REPORT

## Aid To Local FY16

|  |   |   |  |   |                   |
|--|---|---|--|---|-------------------|
| 1. Grant Name Assigned By Funding Agency<br>Pregnancy Maintenance Initiative (PMI) 2015-2016 |   | 2. Recipient Organization<br>Catholic Charities of Northeast Kansas |  |   |                   |
| 3. Federal Employer Identification Number<br>[REDACTED]                                      | 4. Recipient Identifying Number<br>1725 | 5. Funding/Grant Period<br>Start: 7/1/2015    End: 6/30/2016        |  | 6. Report Period<br>Start: 7/1/2015    End: 9/30/2015 |                   |
| 7. Submitted By<br>Sara Lissauer   |   | 8. Date Report Submitted<br>10/15/2015                              |  | 9. FSR #<br>905                                       |                   |
|  |   |   |  | 10. Final Report<br>No                                |                   |
| 11. Transactions:  |   |   |  | I<br>Previously<br>Reported                           | II<br>This Period |
|  |   |   |  | III<br>Cumulative                                     |                   |
| a. Total Obligated (Sum of lines b and c)  |   |   |  | N/A   | N/A               |
| b. Payer Obligated (Award)   |   |   |  | N/A   | N/A               |
| c. Recipient Obligated (Match)   |   |   |  | N/A   | N/A               |
| Expenses:  |   |   |  |   |                   |
| d. Total Payer Share of Expenses   |   |   |  | \$0.00  | \$7,298.54        |
| • Benefits/Grant Expenditure   |   |   |  | \$0.00  | \$1,007.31        |
| • Capital Equipment/Grant Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Grant Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Other/Grant Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Salary/Grant Expenditure   |   |   |  | \$0.00  | \$6,291.23        |
| • Supplies/Grant Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Grant Expenditure   |   |   |  | \$0.00  | \$0.00            |
| e. Total Recipient Share of Expenses   |   |   |  | \$0.00  | \$4,923.38        |
| • Benefits/Local core support, funding match   |   |   |  | \$0.00  | \$401.04          |
| • Benefits/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Benefits/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Benefits/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Capital Equipment/Local core support, funding match  |   |   |  | \$0.00  | \$950.00          |
| • Capital Equipment/Maintenance of Effort  |   |   |  | \$0.00  | \$0.00            |
| • Capital Equipment/Non cash: In-Kind Contribution   |   |   |  | \$0.00  | \$0.00            |
| • Capital Equipment/Revenue Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Local core support, funding match                                       |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$160.00          |
| • Contract Personnel/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Other/Local core support, funding match  |   |   |  | \$0.00  | \$0.00            |
| • Other/Maintenance of Effort  |   |   |  | \$0.00  | \$0.00            |
| • Other/Non cash: In-Kind Contribution   |   |   |  | \$0.00  | \$0.00            |
| • Other/Revenue Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Salary/Local core support, funding match   |   |   |  | \$0.00  | \$3,412.34        |
| • Salary/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Salary/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Salary/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Local core support, funding match   |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Local core support, funding match   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Travel/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |

|  |        |        |             |
|--|--------|--------|-------------|
| f. Unliquidated Total Obligated (Line a minus lines d and e) | N/A    | N/A    | \$80,517.08 |
| g. Unliquidated Payer Obligated (Line b minus line d)        | N/A    | N/A    | \$35,701.46 |
| h. Unliquidated Recipient Obligated (Line c minus line e)    | N/A    | N/A    | \$44,815.62 |
|  |        |        |             |
| Income:  |        |        |             |
| i. Total Income From Payer                                   | \$0.00 | \$0.00 | \$0.00      |
| j. Total Income From Recipient                               | \$0.00 | \$0.00 | \$0.00      |
| • Fees/Medicaid/KanCare                                      | \$0.00 | \$0.00 | \$0.00      |
| • Fees/Other Public Health Insurance                         | \$0.00 | \$0.00 | \$0.00      |
| • Fees/Patient/Client Fees                                   | \$0.00 | \$0.00 | \$0.00      |
| • Fees/Private Health Insurance                              | \$0.00 | \$0.00 | \$0.00      |
| • Fees/SCHIP   | \$0.00 | \$0.00 | \$0.00      |

# FINANCIAL STATUS REPORT

## Aid To Local FY16

|  |   |   |  |   |                        |
|--|---|---|--|---|------------------------|
| 1. Grant Name Assigned By Funding Agency<br>Pregnancy Maintenance Initiative (PMI) 2015-2016 |   | 2. Recipient Organization<br>Catholic Charities of Northeast Kansas |  |   |                        |
| 3. Federal Employer Identification Number<br>[REDACTED]                                      | 4. Recipient Identifying Number<br>1725 | 5. Funding/Grant Period<br>Start: 7/1/2015    End: 6/30/2016        |  | 6. Report Period<br>Start: 10/1/2015    End: 12/31/2015 |                        |
| 7. Submitted By<br>Andrew Campos   |   | 8. Date Report Submitted<br>1/15/2016                               |  | 9. FSR #<br>2395  | 10. Final Report<br>No |
| 11. Transactions:  |   |   |  | I<br>Previously<br>Reported                             | II<br>This Period      |
|  |   |   |  | III<br>Cumulative                                       |                        |
| a. Total Obligated (Sum of lines b and c)  |   |   |  | N/A   | N/A                    |
| b. Payer Obligated (Award)   |   |   |  | N/A   | N/A                    |
| c. Recipient Obligated (Match)   |   |   |  | N/A   | N/A                    |
| Expenses:  |   |   |  |   |                        |
| d. Total Payer Share of Expenses   |   |   |  | \$7,298.54  | \$11,728.40            |
| • Benefits/Grant Expenditure   |   |   |  | \$1,007.31  | \$1,449.63             |
| • Capital Equipment/Grant Expenditure  |   |   |  | \$0.00  | \$0.00                 |
| • Contract Personnel/Grant Expenditure   |   |   |  | \$0.00  | \$0.00                 |
| • Other/Grant Expenditure  |   |   |  | \$0.00  | \$1,116.68             |
| • Salary/Grant Expenditure   |   |   |  | \$6,291.23  | \$8,894.00             |
| • Supplies/Grant Expenditure   |   |   |  | \$0.00  | \$0.00                 |
| • Travel/Grant Expenditure   |   |   |  | \$0.00  | \$268.09               |
| e. Total Recipient Share of Expenses   |   |   |  | \$4,923.38  | \$5,162.29             |
| • Benefits/Local core support, funding match   |   |   |  | \$401.04  | \$149.91               |
| • Benefits/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00                 |
| • Benefits/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00                 |
| • Benefits/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00                 |
| • Capital Equipment/Local core support, funding match  |   |   |  | \$950.00  | \$950.00               |
| • Capital Equipment/Maintenance of Effort  |   |   |  | \$0.00  | \$0.00                 |
| • Capital Equipment/Non cash: In-Kind Contribution   |   |   |  | \$0.00  | \$0.00                 |
| • Capital Equipment/Revenue Expenditure  |   |   |  | \$0.00  | \$0.00                 |
| • Contract Personnel/Local core support, funding match                                       |   |   |  | \$0.00  | \$0.00                 |
| • Contract Personnel/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00                 |
| • Contract Personnel/Non cash: In-Kind Contribution  |   |   |  | \$160.00  | \$0.00                 |
| • Contract Personnel/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00                 |
| • Other/Local core support, funding match  |   |   |  | \$0.00  | \$0.00                 |
| • Other/Maintenance of Effort  |   |   |  | \$0.00  | \$0.00                 |
| • Other/Non cash: In-Kind Contribution   |   |   |  | \$0.00  | \$0.00                 |
| • Other/Revenue Expenditure  |   |   |  | \$0.00  | \$0.00                 |
| • Salary/Local core support, funding match   |   |   |  | \$3,412.34  | \$3,528.42             |
| • Salary/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00                 |
| • Salary/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00                 |
| • Salary/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00                 |
| • Supplies/Local core support, funding match   |   |   |  | \$0.00  | \$533.96               |
| • Supplies/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00                 |
| • Supplies/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00                 |
| • Supplies/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00                 |
| • Travel/Local core support, funding match   |   |   |  | \$0.00  | \$0.00                 |
| • Travel/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00                 |
| • Travel/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00                 |
| • Travel/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00                 |

|  |             |        |             |
|--|-------------|--------|-------------|
| f. Unliquidated Total Obligated (Line a minus lines d and e) | N/A         | N/A    | \$63,626.39 |
| g. Unliquidated Payer Obligated (Line b minus line d)        | N/A         | N/A    | \$23,973.06 |
| h. Unliquidated Recipient Obligated (Line c minus line e)    | N/A         | N/A    | \$39,653.33 |
|  |             |        |             |
| Income:  |             |        |             |
| i. Total Income From Payer                                   | \$18,049.00 | \$0.00 | \$18,049.00 |
| j. Total Income From Recipient                               | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Medicaid/KanCare                                      | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Other Public Health Insurance                         | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Patient/Client Fees                                   | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Private Health Insurance                              | \$0.00      | \$0.00 | \$0.00      |
| • Fees/SCHIP   | \$0.00      | \$0.00 | \$0.00      |

# FINANCIAL STATUS REPORT

## Aid To Local FY16

|  |   |   |  |   |                   |
|--|---|---|--|---|-------------------|
| 1. Grant Name Assigned By Funding Agency<br>Pregnancy Maintenance Initiative (PMI) 2015-2016 |   | 2. Recipient Organization<br>Catholic Charities of Northeast Kansas |  |   |                   |
| 3. Federal Employer Identification Number<br>[REDACTED]                                      | 4. Recipient Identifying Number<br>1725 | 5. Funding/Grant Period<br>Start: 7/1/2015    End: 6/30/2016        |  | 6. Report Period<br>Start: 1/1/2016    End: 3/31/2016 |                   |
| 7. Submitted By<br>Andrew Campos   |   | 8. Date Report Submitted<br>4/14/2016                               |  | 9. FSR #<br>2784                                      |                   |
|  |   |   |  | 10. Final Report<br>No                                |                   |
| 11. Transactions:  |   |   |  | I<br>Previously<br>Reported                           | II<br>This Period |
|  |   |   |  | III<br>Cumulative                                     |                   |
| a. Total Obligated (Sum of lines b and c)  |   |   |  | N/A   | N/A               |
| b. Payer Obligated (Award)   |   |   |  | N/A   | N/A               |
| c. Recipient Obligated (Match)   |   |   |  | N/A   | N/A               |
| Expenses:  |   |   |  |   |                   |
| d. Total Payer Share of Expenses   |   |   |  | \$19,026.94   | \$14,456.28       |
| • Benefits/Grant Expenditure   |   |   |  | \$2,456.94  | \$1,547.12        |
| • Capital Equipment/Grant Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Grant Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Other/Grant Expenditure  |   |   |  | \$1,116.68  | \$1,463.26        |
| • Salary/Grant Expenditure   |   |   |  | \$15,185.23   | \$11,059.98       |
| • Supplies/Grant Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Grant Expenditure   |   |   |  | \$268.09  | \$385.92          |
| e. Total Recipient Share of Expenses   |   |   |  | \$10,085.67   | \$7,813.56        |
| • Benefits/Local core support, funding match   |   |   |  | \$550.95  | \$137.13          |
| • Benefits/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Benefits/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Benefits/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Capital Equipment/Local core support, funding match  |   |   |  | \$1,900.00  | \$950.01          |
| • Capital Equipment/Maintenance of Effort  |   |   |  | \$0.00  | \$0.00            |
| • Capital Equipment/Non cash: In-Kind Contribution   |   |   |  | \$0.00  | \$0.00            |
| • Capital Equipment/Revenue Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Local core support, funding match                                       |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Contract Personnel/Non cash: In-Kind Contribution  |   |   |  | \$160.00  | \$4,177.70        |
| • Contract Personnel/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Other/Local core support, funding match  |   |   |  | \$0.00  | \$0.00            |
| • Other/Maintenance of Effort  |   |   |  | \$0.00  | \$0.00            |
| • Other/Non cash: In-Kind Contribution   |   |   |  | \$0.00  | \$0.00            |
| • Other/Revenue Expenditure  |   |   |  | \$0.00  | \$0.00            |
| • Salary/Local core support, funding match   |   |   |  | \$6,940.76  | \$2,026.97        |
| • Salary/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Salary/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Salary/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Local core support, funding match   |   |   |  | \$533.96  | \$521.75          |
| • Supplies/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Supplies/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Local core support, funding match   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Maintenance of Effort   |   |   |  | \$0.00  | \$0.00            |
| • Travel/Non cash: In-Kind Contribution  |   |   |  | \$0.00  | \$0.00            |
| • Travel/Revenue Expenditure   |   |   |  | \$0.00  | \$0.00            |

|  |             |        |             |
|--|-------------|--------|-------------|
| f. Unliquidated Total Obligated (Line a minus lines d and e) | N/A         | N/A    | \$41,356.55 |
| g. Unliquidated Payer Obligated (Line b minus line d)        | N/A         | N/A    | \$9,516.78  |
| h. Unliquidated Recipient Obligated (Line c minus line e)    | N/A         | N/A    | \$31,839.77 |
|  |             |        |             |
| Income:  |             |        |             |
| i. Total Income From Payer                                   | \$18,049.00 | \$0.00 | \$18,049.00 |
| j. Total Income From Recipient                               | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Medicaid/KanCare                                      | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Other Public Health Insurance                         | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Patient/Client Fees                                   | \$0.00      | \$0.00 | \$0.00      |
| • Fees/Private Health Insurance                              | \$0.00      | \$0.00 | \$0.00      |
| • Fees/SCHIP   | \$0.00      | \$0.00 | \$0.00      |

# FINANCIAL STATUS REPORT

## Aid To Local FY16

|  |   |   |                  |                                     |                         |
|--|---|---|------------------|-------------------------------------|-------------------------|
| 1. Grant Name Assigned By Funding Agency<br>Pregnancy Maintenance Initiative (PMI) 2015-2016 |   | 2. Recipient Organization<br>Catholic Charities of Northeast Kansas |                  |                                     |                         |
| 3. Federal Employer Identification Number<br>[REDACTED]                                      | 4. Recipient Identifying Number<br>1725 | 5. Funding/Grant Period<br>Start: 7/1/2015                          | End: 6/30/2016   | 6. Report Period<br>Start: 4/1/2016 | End: 6/30/2016          |
| 7. Submitted By<br>Andrew Campos   |   | 8. Date Report Submitted<br>7/14/2016                               | 9. FSR #<br>3227 |                                     | 10. Final Report<br>Yes |
| 11. FSR Note   |   |   |                  |                                     |                         |
| 12. Approved By<br>Tina Haney, Accountant  |   | 13. Approved Date<br>7/14/2016                                      |                  |                                     |                         |

| Transaction Type                                       | Award       | Match       | Revenue | Total       |
|--|-------------|-------------|---------|-------------|
| I. Total Obligated in Award Period                     | \$43,000.00 | \$49,739.00 | \$0.00  | \$92,739.00 |
| II. Expenditures Subtotal                              | \$9,516.78  | \$29,147.09 | \$0.00  | \$38,663.87 |
| 1. Salary/Salary/Personnel-Direct                      | \$6,614.58  | \$26,949.11 | \$0.00  | \$33,563.69 |
| a. 15% of Vice President of Program Operations for...  | \$0.00      | \$5,240.51  | \$0.00  | \$5,240.51  |
| b. 25% of Director of Integrative Health (\$80,220 ... | \$4,421.93  | \$0.00      | \$0.00  | \$4,421.93  |
| c. 25% of Health Care Coordinator for her time wor...  | \$0.00      | \$18,087.95 | \$0.00  | \$18,087.95 |
| d. 25% of Pregnancy Counseling and Adoption Coordi...  | \$2,192.65  | \$3,620.65  | \$0.00  | \$5,813.30  |
| 2. Benefits  | \$172.57    | \$0.00      | \$0.00  | \$172.57    |
| a. 15% of Health Insurance for VP of Program Opera...  | \$0.00      | \$0.00      | \$0.00  | \$0.00      |
| b. 25% of benefits for Director of Health Integrat...  | \$172.57    | \$0.00      | \$0.00  | \$172.57    |
| c. 25% of health insurance and other benefits for ...  | \$0.00      | \$0.00      | \$0.00  | \$0.00      |
| d. FICA for VP of Program Operations (15%) and Hea...  | \$0.00      | \$0.00      | \$0.00  | \$0.00      |
| 3. Travel  | \$509.77    | \$0.00      | \$0.00  | \$509.77    |
| a. local mileage 480 miles estimated at \$.48/mile     | \$509.77    | \$0.00      | \$0.00  | \$509.77    |
| 4. Other   | \$2,219.86  | \$2,197.98  | \$0.00  | \$4,417.84  |
| a. Client assistance for baby supplies, equipment,...  | \$2,219.86  | \$1,247.97  | \$0.00  | \$3,467.83  |
| b. Client assistance for food pantry (\$80/visit x ... | \$0.00      | \$0.00      | \$0.00  | \$0.00      |
| c. PMI portion of occupancy charges (rent, utiliti...  | \$0.00      | \$950.01    | \$0.00  | \$950.01    |
| III. Revenue Subtotal                                  | \$0.00      | \$0.00      | \$0.00  | \$0.00      |
| IV. Total Expenditures in Award Period                 | \$43,000.00 | \$47,046.32 | \$0.00  | \$90,046.32 |
| V. Total Revenue in Award Period                       | \$0.00      | \$0.00      | \$0.00  | \$0.00      |
| VI. Remaining Balance                                  | \$0.00      | \$2,692.68  | \$0.00  | \$2,692.68  |

**FSR Line Notes**

II. Expenditure/1. Salary/Salary/Personnel-Direct/d. 25% of Pregnancy Counseling and Adoption Coordi...

The match amount is for Heather Robert's internship with the Pregnancy Maintenance Initiative prior to becoming the Pregnancy Counseling and Adoption Coordinator.